

## Instructions:

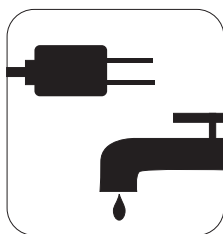
Please place an X on the THREE greatest needs for you and/or your family.



Food



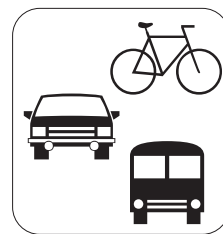
Housing



Utility  
Help



Home  
Repair



Transportation



Medical  
Care



Dental  
Care



Mental  
Health Care



Ending Alcohol/  
Drug Abuse



Ending  
Family Violence



Parenting  
Skills



After School/  
Summer Activities



Job Training/  
Education



Finding  
a Job



Legal  
Help



In-Home  
Care



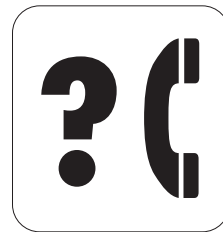
Disability  
Services



Child  
Care



Elder  
Care



Information &  
Referral

**Other services not shown above:**

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**Please complete:**

Age \_\_\_\_\_

Female \_\_\_\_\_ Male \_\_\_\_\_

Zip Code \_\_\_\_\_